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7590

10/31/2003

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BURNS, DOANE, SWECKER & MATHIS, L.L.P.
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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/986,878	11/13/2001	Lukas Zehnder	004501-610	6263

TITLE OF INVENTION: CONTACT ZONE FOR A POWER BREAKER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DONOVAN, LINCOLN D	2832	218-043000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Burns, Doane, Swecker
& Mathis, L.L.P.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ABB Schweiz AG

Baden, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 11 copies

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 02-4800 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

#19,885

(Date)

1/29/2004

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02/03/2004 FFANAIA3 00000087 09986878

01 FC:1501
02 FC:1504
03 FC:80011330.00 OP
300.00 OP
33.00 OP



Patent
Attorney's Docket No. 004501-610

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	MAIL STOP ISSUE FEE
LUKAS ZEHNDER, et al.)	
Application No.: 09/986,878)	Confirmation No.: 6263
Filed: November 13, 2001)	
For: CONTACT ZONE FOR A POWER)	
BREAKER)	

PAYMENT OF ISSUE FEE AND PUBLICATION FEE
AND AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT FOR ANY DEFICIENCY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


Sir:

Attached is an Issue Fee Transmittal form (form PTOL-85). The Director is hereby authorized to charge any fees under 37 C.F.R. §§ 1.18, 1.19, and 1.21 that may be required by the attached Issue Fee Transmittal form or in connection with the publication of this application, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: January 29, 2004

By: 
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Registration No. 19,885

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